To: IEHP Medi-Cal PCPs and Specialists  
From: IEHP – Provider Relations/Pharmacy  
Date: February 14, 2022  
Subject: Medi-Cal Rx Transition Survey – Your Response is Important!

Inland Empire Health Plan (IEHP) appreciates our partnership with Providers during the transition to Medi-Cal Rx (Magellan).

To better understand how the Medi-Cal Rx transition is impacting our Provider offices and ensure that our Members can access their pharmacy benefits without barriers, please take a few minutes to complete our brief survey.

Please access the survey either via this link:

https://iehpresearchcorehr.co1.qualtrics.com/jfe/form/SV_2nsYvkCA39koNOC

or via QR code from a mobile device:

![QR Code](image)

We appreciate your feedback so we may further assist you in providing optimal care to all IEHP Members.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org > For Providers > Plan Updates > Correspondences](http://www.iehp.org)

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.
Medi-Cal Rx Transition Survey

Provider Information

Provider:
Clinic Name:
Clinic Address:

Survey Questions

1. When calling Magellan (Medi-Cal Rx), what is your average wait time before speaking with a representative?
   a. 0-30 minutes
   b. 30-60 minutes
   c. 1-2 hours
   d. 2-3 hours
   e. 3-4 hours
   f. >4 hours

2. What is the average turnaround time for receiving a decision on a Prior Authorization submission to Magellan?
   a. Less than 24 hours
   b. 1-2 days
   c. 2-3 days
   d. 3-4 days
   e. >4 days

3. What has been your experience with utilizing the available Medi-Cal RX communication channels (customer service phone number, interactive chat, email, website, portal, newsletter updates, etc.)?
   Response:

4. Are there prescription drugs, over the counter drugs, vitamins, or durable medical equipment (DME) that Medi-Cal Rx (Magellan) does NOT cover, that used to be covered by IEHP? If Yes, please list Medication NAME and STRENGTH (example, acetaminophen 325mg Tablets)
   a. No
   b. Yes. If yes, please name medication/strength:
5. What barriers have you experienced that prevent you from providing optimal care to IEHP Members now that pharmacy benefits are managed by Medi-Cal Rx?
   Response:

6. What successes have you experienced in your efforts to provide optimal care to IEHP members since the transition of pharmacy benefits to Medi-Cal Rx?
   Response:

7. What suggestions can you offer to improve Medi-Cal Rx?
   Response:

8. Please provide any additional comments or concerns you have regarding Medi-Cal Rx.
   Response:

We thank you for your time spent taking this survey. Please return the survey to DGProviderCommunication@iehp.org